

GROUP 1.	SURGICAL	RATE
	a. Surgical – Intensive	\$1,794.00
	b. Surgical – Moderate	\$1,049.00
	c. Surgical – Low	\$752.00
	d. Surgical - Very Low	\$287.00
GROUP 2.	DIAGNOSTIC AND THERAPEUTIC	
	a. Complex Diagnostic and Therapeutic	\$941.00
	b. High-tech Diagnostic	\$304.00
	c. Other Diagnostic	\$176.00
	d. Therapeutic Procedures	\$136.00
GROUP 3.	EMERGENCY ROOM PROCEDURES	
	a. Emergency Level I	\$181.00
	b. Emergency Level II	\$67.00
	c. Non-emergency/Screening	\$26.00
GROUP 4.	OBSERVATION SERVICES	
	a. 1 hour through 6 hours, 30 minutes	\$74.00
	b. 6 hours, 31 minutes through 12 hours 30 minutes	\$222.00
	c. 12 hours, 31 minutes or more	\$443.00
GROUP 5.	PSYCHIATRIC SERVICES	
	a. Type A	\$68.00
	Children’s hospitals as defined in 89 Illinois Administrative Code 149.50(c)(3)(A)	\$102.00
	b. Type B	\$101.00
	Children’s hospitals as defined in 89 Illinois Administrative Code 149.50(c)(3)(A)	\$102.00

GROUP 6. REHABILITATION SERVICES

a. Enrolled and billing for Category of Service 29
(Rehabilitation Outpatient Services) \$130.00

**Children's hospitals as defined in 89 Illinois
Administrative Code 149.50(c)(3)(A) \$130.00**

b. Enrolled and billing for Category of Service 24
(General Outpatient Services) \$115.00

**Children's hospitals as defined in 89 Illinois
Administrative Code 149.50(c)(3)(A) \$130.00**